

AUG 15 2006

**SUPPLEMENTAL DECLARATION  
FOR ORIGINAL U.S. PATENT APPLICATION**

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **MULTI-VIEW IMAGING APPARATUS** the specification of which,

- (check one)
1. ☐ is attached hereto.
2. ☒ was filed on July 13, 2001 as  
U.S. Application No. 09/905,668  
and was amended on \_\_\_\_\_.
3. ☐ was filed on \_\_\_\_\_ as  
PCT International Application No. \_\_\_\_\_  
and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

**Prior Foreign Application(s)**

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or (f), or §365(b) of any foreign application for patent or inventor's certificate listed below, or under §365(a) of any PCT international application which designated at least one country other than the United States listed below, and I have identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed:

			Priority Not Claimed	Cert. Copy Attached
_____ (Application No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Application No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/>	<input type="checkbox"/>

AUG 15 2006

Direct Correspondence To:

Customer Number 022434

Direct Telephone Calls To:

Jeffrey K. Weaver at telephone number (650) 961-8300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of  
Sole or First Inventor:

David Nilson

Citizenship: US

Inventor's signature:

Date of Signature: 7/31/06

Residence: (City)

Walnut Creek

(State/Country) CA/USA

Post Office Address:

21 Garron Court, Walnut Creek, CA 94596

Second Inventor:

Michael D. Cable

Citizenship: US

Inventor's signature:

Date of Signature:

Residence: (City)

Danville

(State/Country) CA/USA

Post Office Address:

105 Saint Edward Ct, Danville, CA, 94526

Third Inventor:

Bradley W. Rice

Citizenship: US

Inventor's signature:

Date of Signature: 7/31/06

Residence: (City)

Danville

(State/Country) CA/USA

Post Office Address:

93 Woodranch Circle, Danville, CA 94506

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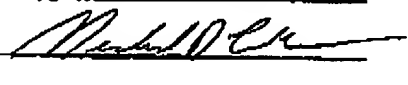
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Typewritten Full Name of  
Sole or First Inventor: David Nilson Citizenship: US  
Inventor's signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
Residence: (City) Walnut Creek (State/Country) CA/USA  
Post Office Address: 21 Garron Court, Walnut Creek, CA 94596

Second Inventor: Michael D. Cable Citizenship: US  
Inventor's signature:  Date of Signature: 7/27/06  
Residence: (City) Danville (State/Country) CA/USA  
Post Office Address: 105 Saint Edward Ct, Danville, CA 94526

Third Inventor: Bradley W. Rice Citizenship: US  
Inventor's signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_  
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